

## **Patient Right and Responsibilities**

The Derby Ambulatory Surgery Center is committed to providing excellent quality health care. This includes respecting the basic rights and personal dignity of all patients without distinction or discrimination. If the patient is a minor or incapacitate, the rights and responsibilities will apply to the parent, guardian, next of kin or designated representative who will act on behalf of the patient.

### **Respectful Care**

You will receive respectful, considerate care from qualified personnel who respect your personal, spiritual and cultural values and beliefs. You may wear appropriate personal clothing and religious or symbolic items as long as they do not interfere with diagnostic procedures or treatments. You can expect care that promotes your physical and emotion comfort regardless of the severity of your condition. You have the right to expect reasonable safety while receiving services in the center.

### **Information**

You have the right to receive information from the physician for coordinating your care. This information includes your diagnosis and prognosis, and proposed treatment or procedures to be performed, probability of success and alternative treatments communicated in language you can reasonably be expected to understand. If you do not speak or understand the predominant language of the community, someone will be provided to interpret medical information when possible. You may refuse to see or talk with anyone who is not officially connected with the Center or who is not involved with your care. In an emergency, if you are incapable of making decisions, the information will be made available to legally designated representative. You have the right to information in you medical records

### **Health Care Decision Making**

You have the right to be given the information necessary to allow you to actively participate in the decisions regarding your medical care. You also have the right to request the change to another physician or another health care facility. You have the right to request an opinion from another physician at your own expense.

### **Privacy**

You will be shown every consideration for you individual privacy during interviews and examinations. This includes the right to request that a person of your own gender be present during certain parts of you physical examination, procedure or treatment.

### **Confidentiality**

Information pertaining to your diagnosis, care and method or payment will be kept confidential and will not be released to other parties without your consent.

### **Explanation of Charges**

You have the right to be informed about the Center's charges for services and available payment methods.

### **Advance Directives**

You have the right to have an advance directive (i.e. a living will, health care proxy, power of attorney) concerning treatment or to designate a surrogate decision maker with the expectation that the Center will honor the intent of that directive to the extent permitted by law and the Center's Policy.

### **Concerns or Questions About Your Rights**

You have the right to voice questions, concerns or complaints about your health care in our Center, and to know about resources that can help you resolve problems or answer questions about your care.

### **Your Responsibilities**

The effectiveness of your care and satisfaction with the course of treatment depends, in part, on your fulfilling certain responsibilities.

**Information**

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other issues relating to your health. You are responsible for reporting whether you clearly understand a course of treatment and to request additional information and clarification.

**Compliance**

You are responsible for following the treatment plan recommended by your physician for you care. This includes following instructions and keeping appointments and notifying the physician if you are unable to do so. You are responsible for your actions if you refuse treatment or do not follow the instructions.

**Charges**

You are responsible for payments of your bill and for providing any necessary information required by the Center for the processing of insurance. You are responsible for working with the Center to make acceptable payment arrangements when necessary.

**Rules and Regulations**

You are responsible for following the Center’s rules and regulation affecting patient care and conduct, including the “No Smoking” policy.

**Advance Directives**

You are responsible for providing the Center with a copy of your written advance directive if you have one. You are responsible for informing your physician and other caregivers if you anticipate problems in following your prescribed treatment.

**Respect and Consideration**

You are responsible for being considerate of the rights of other patients and the Center’s personnel for assisting in the control of noise. You are responsible for being respectful of the property of other persons and of the Center

**Safety**

You are responsible for complying with security regulations.

**Complaints**

You have the responsibility to make any complaints or constructive criticism known to our management so that it can be addressed.

**How to Report**

CALL, GO IN PERSON, OR WRITE THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT OFFICE.

KDHS OFFICE: BUREAU OF HEALTH FACILITY REGULATION  
ADDRESS: 900 SW JACKSON, LSOB, SUITE 1001, N. TOPEKA, KS 66612-1220  
TELEPHONE: 1-800-842-0078

Patient Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_